

BEFORE THE BOARD OF SOCIAL WORK EXAMINERS

STATE OF IDAHO

In the Matter of the License of:)	
)	Case No. SWO-2010-3
ROBERT J. SCOTT,)	
License No. LMSW-104,)	FINDINGS OF FACT,
)	CONCLUSIONS OF LAW AND
Respondent.)	FINAL ORDER
)	

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho State Board of Social Work Examiners (the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent Robert J. Scott ("Respondent") is a duly licensed social worker in the State of Idaho holding License No. LMSW-104. Respondent's continued right to licensure is subject to Respondent's compliance with the laws of the Board codified at title 54, chapter 32, Idaho Code, and the rules of the Board, promulgated at IDAPA 24.14.01, *et seq.*

2. On or about December 8, 2008, Respondent submitted a Renewal Application to the Board and answered "yes" to the question:

Prior to your submission of this renewal application, have you completed a minimum of 20 hours of continuing education germane to the practice of social work with a minimum of one (1) hour being in professional ethics, during the previous 12 months, or have carry over hours taken from the previous renewal year but not claimed for CE credit in that year?

Respondent also signed the Affidavit on the December 8, 2008, Renewal Application, certifying that his responses to the questions were true and correct. The Renewal Application further notified Respondent that the Board would conduct random audits to ensure compliance with continuing education requirements. A copy of Respondent's

December 8, 2008, Renewal Application is attached as Exhibit 1.

3. On or about February 20, 2009, Respondent was notified that he had been selected for a continuing education audit. Respondent was requested to provide documentation to the Bureau of Occupational Licenses by March 20, 2009, to confirm completion of the Board's continuing education requirements. A copy of the February 20, 2009, audit request is attached as Exhibit 2.

4. Respondent failed to respond to the February 20, 2009, continuing education audit request.

5. Despite certifying on his December 8, 2008, Renewal Application that he had met the Board's continuing education requirements, Respondent failed to obtain the continuing education requirements adopted by the Board under the authority of Idaho Code § 54-3204.

6. On or about September 9, 2009, Respondent voluntarily surrendered his license, admitting to a failure to comply with the Social Work Licensing Act, title 54, chapter 32, Idaho Code. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 3.

7. Respondent knowingly and freely waived his right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

CONCLUSIONS OF LAW

1. As a licensed social worker in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 32, Idaho Code, and the rules and regulations promulgated by the Board thereunder.

2. The facts as set forth above, if proven, would constitute violations of the Social Work Licensing Act and Board Rules and constitute grounds for revocation or suspension of Respondent's license to practice social work pursuant to Idaho Code § 54-3211(7).

3. Respondent's voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent's license without further process.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that License No. LMSW-104 issued to Respondent Robert J. Scott, including any renewal rights, is hereby REVOKED. The Board reserves the right to assess costs and attorney's fees incurred in this matter as a condition of reinstatement should Respondent request reinstatement of licensure in the future.

This order is effective immediately.

DATED this 7 day of December, 2009.

IDAHO STATE BOARD OF
SOCIAL WORK EXAMINERS

By Cheryl R. Jurgens
Cheryl R. Jurgens, Chair

NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS PREVIOUSLY WAIVED BY RESPONDENT.

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- a. A hearing was held,
- b. The final Board action was taken,
- c. The party seeking review of the order, resides, or
- d. The real property or personal property that was the subject of the Board action is located.


An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 7th day of December, 2009, I caused to be served a true and correct copy of the foregoing by the following method to:

Robert J. Scott
139 Seal Rock Drive
San Francisco, CA 94121

- ☒ U.S. Mail
- ☐ Hand Delivery
- ☒ Certified Mail, Return Receipt Requested
- ☐ Overnight Mail
- ☐ Facsimile: _____
- ☐ Statehouse Mail


Tana Cory, Chief
Bureau of Occupational Licenses

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES

(208) 334-3233
ibol@ibol.idaho.gov
Website www.ibol.idaho.gov

RENEWAL APPLICATION

Name: **SCOTT, ROBERT J**

License #: **LMSW-104**

Expiration Date: **01/09/2009**

The fee noted will be applied to renew your license for the next license period. This completed application must be received by the Bureau &/or postmarked before the expiration date noted above. As required by law, all license renewal applications received after the expiration date will be assessed a reinstatement fee of \$25.00 in addition to the renewal fee.

Renewal Fee:	\$50.00
Past Renewal Fee(s):	\$0.00
Reinstatement Fee:	\$0.00
Other Fees/Credits:	\$0.00
Total Due:	\$50.00
If paid before 01/09/2009	

ALL RETURNED CHECKS ARE SUBJECT TO A \$20 COLLECTION FEE.

ROBERT J SCOTT
139 SEAL ROCK DRIVE
SAN FRANCISCO CA 94121

RECEIVED

DEC 08 2008

NOTE: Name &/or Address of Record
changes must be made with the Name-
Address Change form.

22569
50.00

OCCUPATIONAL LICENSES
THIS FORM MUST BE COMPLETED AND SUBMITTED IN ITS ENTIRETY

Some responses may result in a request for additional information delaying your renewal.

Please make check or money order payable to IBOL and submit this form with the required fee to the address noted above.

You may also submit your renewal online at www.ibol.idaho.gov

QUESTIONS

Your current business phone number on file for this license/registration is not on file. If this is not correct, enter the correct phone number here _____. This number is a public record.

1. ☒ YES ☐ NO Prior to your submission of this renewal application, have you completed a minimum of 20 hours of continuing education germane to the practice of social work with a minimum of one (1) hour being in professional ethics, during the previous 12 months, or have carry over hours taken from the previous renewal year but not claimed for CE credit in that year?
2. ☐ YES ☒ NO Since the date of your last application have you pled guilty, received a conviction, finding of guilt, withheld judgment, or suspended sentence for any felony in this or any other jurisdiction?
3. ☐ YES ☒ NO Since the date of your last application have you received any type of disciplinary sanction, restriction, or limitation from any regulatory licensing authority or organization in this or any other jurisdiction?

AFFIDAVIT

I hereby certify under penalty of perjury that my responses to each of the above questions and any information that may be attached are true and correct. I further certify that I have read and will comply with the laws and rules governing my practice, conduct, and actions.

Signature

Your failure to respond to each of the questions and provide requested documentation and responses will invalidate this application. The Board will conduct random audits subsequent to renewal to insure compliance with the continuing education requirements.





STATE OF IDAHO

BUREAU OF OCCUPATIONAL LICENSES

February 20, 2009

Owyhee Plaza
1109 Main St., Suite 220
Boise, Idaho 83702-5642
(208) 334-3233
FAX (208) 334-3945
E-Mail ibol@ibol.idaho.gov
Website www.ibol.idaho.gov

ROBERT J SCOTT
139 SEAL ROCK DRIVE
SAN FRANCISCO CA 94121

YOU HAVE BEEN SELECTED FOR A CONTINUING EDUCATION AUDIT

License No LMSW-104

In accordance with the laws and rules of the IDAHO BOARD OF SOCIAL WORK EXAMINERS, the Bureau is conducting an audit of your continuing education. Please provide the following information:

- 1. COMPLETE THE ENCLOSED C.E. VERIFICATION FORM;**
- 2. ATTACH PROOF OF ATTENDANCE DOCUMENTATION;**
- 3. RESPOND TO THE AFFIDAVIT BY SIGNING THE FORM;**
- 4. PRINT YOUR NAME & LICENSE NUMBER IN THE SPACE INDICATED;**
- 5. ATTACH EVERYTHING TO THIS LETTER AND MAIL TO THE BUREAU.**

The documentation you provide should confirm your completion of 20 hours of Regular continuing education including 1 hour of Ethics continuing education during the period between 12/08/2007 and 12/08/2008. Photocopies of your proof of attendance / completion certificates must be attached.

Your response is required and must be received by this office before 03/20/2009. The information you submit will be presented to the Board for their review. You will be notified if any additional information is necessary.

Your prompt attention to this request is greatly appreciated.

Sincerely,

Idaho Bureau of Occupational Licenses

IDAHO BUREAU OF OCCUPATIONAL LICENSES

VOLUNTARY SURRENDER OF LICENSE

I, ROBERT J. SCOTT, hereby voluntarily surrender my license to practice as a social worker in the State of Idaho. I agree and consent that the surrender of my license to practice is done without an order, order to show cause, hearing, or any other proceeding compelling its surrender. In view of my failure to comply with Idaho Law, title 54, chapter 32, Idaho Code, and the rules promulgated by the Idaho Board of Social Work Examiners ("Board"), and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part, I voluntarily surrender my license to practice in the State of Idaho and agree to immediately discontinue the practice of social work in this state.

I understand that I have the right to a hearing, the right to confront and cross-examine witnesses, the right to present evidence and testimony on my behalf, the right to appeal and all other rights accorded to me by the Idaho Administrative Procedures Act, title 67, chapter 52, Idaho Code, and the laws and rules governing the practice of social work, title 54, chapter 32, Idaho Code. I hereby freely and knowingly waive these rights without further process as a resolution of any claims or allegations which might otherwise be brought against me by the Board. I further waive any license renewal rights provided by Idaho Code § 67-2614.

I acknowledge that in surrendering my license to practice, I am not making any admissions; however, I specifically waive the right to contest this relinquishment in any subsequent proceeding. I acknowledge that the Board has jurisdiction to proceed against my license pursuant to Idaho Code § 54-3211. I understand that the Board may enter an order either revoking or suspending my license to practice based upon my voluntary surrender of my license, which order may include a civil penalty and/or the imposition of costs and fees incurred by the Board in its investigation and prosecution of any claims or allegations against me, and I hereby consent to the imposition of such discipline.

I understand and acknowledge that by surrendering my license to practice, all of the privileges associated with said license are hereby surrendered until such time as I am again properly licensed. I understand that to regain a license to practice in the State of Idaho, I must re-apply to the Board pursuant to the provisions of title 54, chapter 32, Idaho Code, and all applicable rules and orders entered by the Board. I understand and agree that any decision regarding reinstatement of my license is a discretionary decision for the Board. I understand and agree that the Board may rely on factors set forth in this document or other than those set forth in this document as grounds for denial of a petition for reinstatement of my license or any license application that I may submit.

I waive refund of any payments made by me in connection with my license under the Social Work Licensing Act and any rules promulgated thereunder.

Name of Licensee: Robert J. Scott License No.: LMSW-104

Address: 139 Seal Rock Drive San Francisco, CA 94121
street city zip

Signature of Licensee or Authorized Individual: 

Date: 9/9/09

Signature of Witness: 

Date: 9/9/09